

AN ESSAY ON

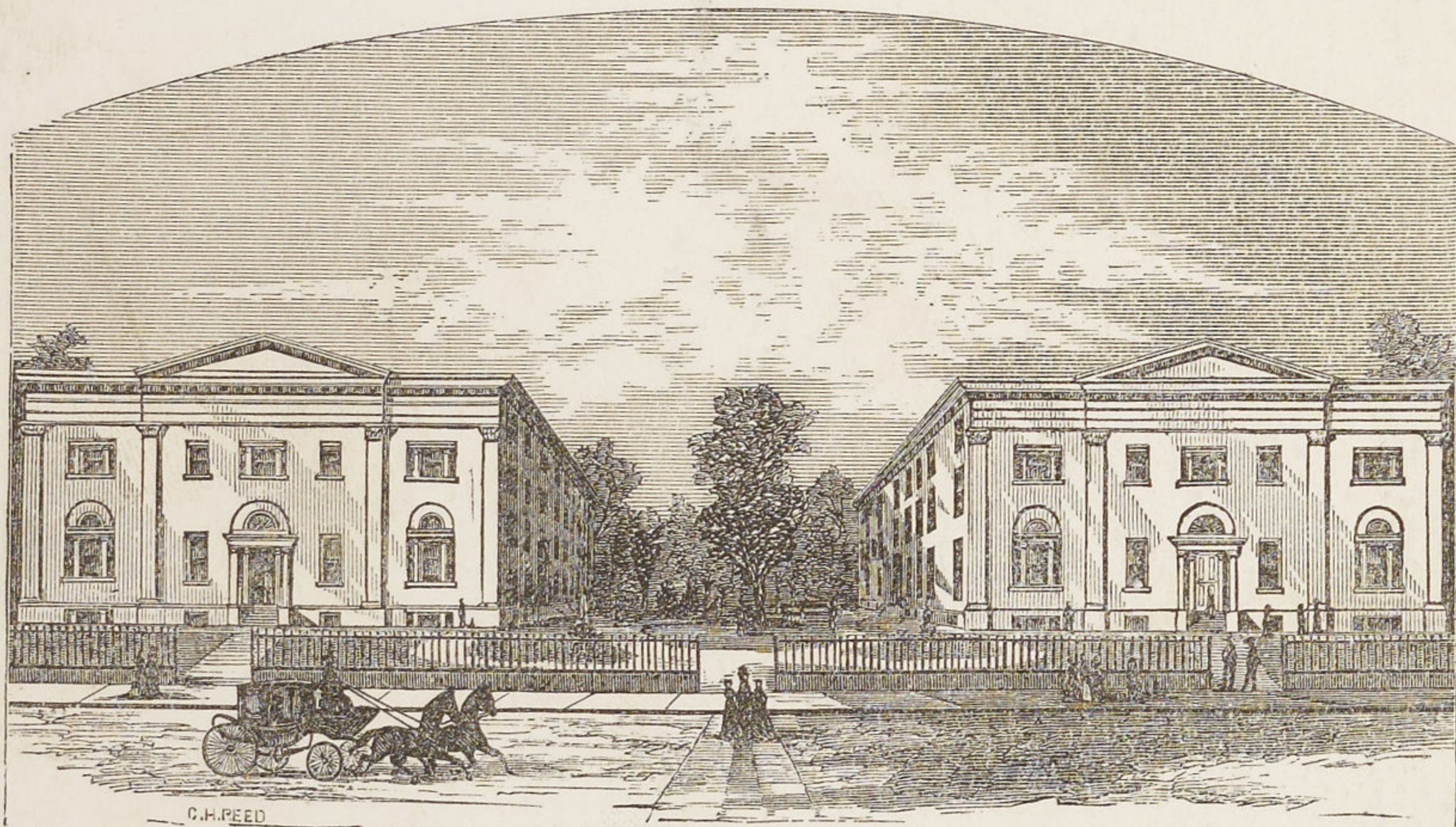
Very orderly & intelligent

EPILEPSY

FOR THE

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BY

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Introduction.

If we stop for a moment to consider this moving machine, and if we only set our eyes not upon the space above, but on the earth below, we see man the lord of creation ruling the inferior creatures disposing of the elements for his own comfort, and developing the germ of science and knowledge. There the scientific man retired from the world, and yet in contact with it works day and night to astonish his fellow beings with the fruit of his investigations, here another raises himself like a comet with a new and wonderful invension to be the astonishment of the rest causing as it were a revolution of things, and in this way the

arts and sciences are improving every day to such an extent that it would astonish our ancestors to see things realized that they thought perhaps impossible. But Medicine like a wheel of this machine can not stand still, she moves, and moves by the way of improvement. If we look on her past we will notice the difference, we see old Medicine like a weak shade the object of the superstition of mankind while now we see in it a clear and distinct form, a rich magazine that although we do not know how much is in it still we know that it is rich in subjects that deserve our attention, full of material for investigation. Man could not but recognize this, and looking for everything that is grand could not but stop and consider this science, he could not but recognize

in it subjects worthy of his attention,.....
he studied and discovered..... hence the improve-
ments of the medical science, many things that
before were unknown now are clear to the
mind of the medical man, but there are
subjects that stand before the laborious inves-
tigator covered by the vail of ignorance one of
these is the disease ~~which~~ I intend to con-
sider, The researches of the eminent physiologists
and pathologists have failed to discover
the real lesion accompanying Epilepsy, if the
real cause of the malady was known then
we should have a ground to work upon
against our enemy, but there is no ground,
it is understood I speak of the variety deno-
minated "central Epilepsy" in this case, blind
the practitioner throws himself in to the
arms of quackery.

It may be thought that by selecting this subject for my discussion I pretend to throw some light upon it but very far from pretending thus I can not but confess my ignorance about all that learning that is preliminary to the consideration of subjects like this, the short time of medical education that I have received will prove it.

It is impossible to give a perfect definition of this affection as Dr. Watson says, this is because of its having so different aspects and so numerous modifications. I can not but to agree with him; if we were going to give a correct definition we should have to divide the disease and describe every form as a different one. Looking perhaps to the gravest shape of the disease Copland describes it thus

"Sudden loss of sensation and consciousness, with
 "spasmodic contraction of the voluntary muscles
 "quickly passing in to violent convulsive shiver-
 "ings, attended and followed by sopor recurring
 "in paroxysms more or less regular." - Cullen
 defines it as - "Convulsions of the muscles
 "with sopor. (musculorum convulsio cum sopore)"
 But these definitions can only be apply
 to the "grand mal" while the "petit mal"
 is excluded.

Diagnosis

If we describe the epileptic attack that
 will give us the diagnosis of Epilepsy. The
 child subject to whooping cough is in his
 best humor enjoying his playthings when
 suddenly he is attacked by the paroxysm,
 the same happens with the epileptic,
 without any premonition, generally, and

at any time day or night he suddenly utters a cry and falls to the ground losing his consciousness and the power of voluntary motion, the muscles remaining for a few seconds in a tetanic spasm getting ready as it were to begin to play violently keeping the whole frame in a constant and rapid movement; these movements are so violent that the humerus some times have been luxated or fractured, the eyes are turned upwards and the lids partially opened, there is a foaming at the mouth and the tongue thrust between the teeth is severely bitten, therefore the foam is tinged with blood, the thumbs are some times bent upon the palms of the hands, a choking sound is heard in the trachea, some times the urine, feces or semen are voided; these symptoms last from half to three minutes when the patient

raises himself comatose and dull in intellect or some times remains in a state of coma even for a few hours. I notice Da Costa describes the eyelids as half closed, while Niemeyer describes them as widely opened, and again, we see some symptoms described by one author, and not by another. I think it is very probable that there is a more or less difference in some cases by the absence or presence of certain symptoms except those that I think the more pathognomonic, that of the convulsions, and loss of consciousness, as even the state of sopor may not exist as I saw in a case I witnessed, and in that case of Dr. Wright that I will quote, the reverse of sopor was observed.

In the "petit mal" there is only the loss of consciousness for a few seconds, in some cases accompanied only by twitchings

of the muscles of the face and neck, Dr. Flint relates us of two cases, the one witnessed by himself at the wards of Bellevue Hospital; a female patient quietly standing in the ward, suddenly uttered a cry and ran from ~~one~~ end of the ward to the other the urine being voided in her course arriving at the end of the ward she stopped looked a little confused and quietly returned. The other is that of a lady subject to the "grand mal" having in the intervals frequent attacks of the "petit mal," it happened some times that while she was arranging her hair, the hands were fixed precisely as they were at the moment of seizure being not conscious of the attack. The same author mentions cases related by Froesean, the one of a patient who uttered a burst of laughter without thought—

having knowledge of the fact, and others of persons engaged in conversation or other occupations abruptly going in to the street bareheaded and walking until they recovered themselves returning to their former occupation unconscious of what happened to them, still an other case related by Flint of a young man who had been subject to ordinary Epilepsy for twelve years and at the present (at the time of Dr. Flint observation) suffered from fits consisting in jumping movements repeated at intervals. In the "American journal of the medical science" for May 1828 we read the following case related by Dr. J. H. Wright of Baltimore; "A woman, aged thirty two was subject to daily attacks of a convulsive disorder in the following manner: - She would be seized suddenly with an irresistible feeling

of delirious excitement utter a loud but inarticulate exclamation, and generally grasp and hold forcibly the object or person nearest within her reach. If attacked when sitting she would some times start up and run to some object or person to seize on and support herself: she rarely at the first moment of attack. Her countenance during the paroxysm was wild and convulsed, her consciousness for a time suspended, and body much agitated. In a few moments faintness would come on, and if not supported she fell; but if laid down she recovered sense and motion in a few moments. - Dr. C. Handfield Jones, tells us such a case as this, - "The patient begins to wink and then both eyes become drawn quite under the lids towards the right, one inwards and the other outwards; he then loses consciousness for four or five

"minutes, and falls down, does not scream, but
"moans as if choked." There may be some
other forms of the disease that I do not
know of but for as many as I notice here
I see that Dr. Watson is right in saying that
it is impossible to give a correct definition
of the disease. I have said before that the pa-
tient generally is attacked without having
any preliminary symptoms, but it must be no-
ticed here that it happened some times that
the patient receives a warning of the attack, more
commonly it is call - "aura epileptica" - a sen-
sation of a current of ~~current~~ cold vapor begin-
ing in some parts of the body mounting to
the head; the occurrence of mental illusions, Dr.
Watson mentions the case of a gentleman who
used to see a little old woman rapped in a
red cloak coming and striking him a

blow on the head and at the very moment the fit ensued. Of seven cases presented at the clinic in the Philadelphia Hospital by Dr. W. Pepper there was only one who had a precursory symptom and was that of the vision of an evil coming to him and saying "I got you" falling at the very moment prey of the attack. Two cases more by Dr. Watson in which premonitory symptoms occurred, those of stream vivacity in a girl, and those of dullness and drowsiness in a young man occurring in the evening the fit taking place in the night, giving thus time to prevent it in both cases. But in others less fortunate there is no premonition at all, and so they have to suffer the painful consequences that otherwise could be prevented, and even more, they may fall the victims of the disease been thrown from a precipice or drowned while

travelling by water. It may be understood that the premonitory symptoms are of no consequence whatever and only I think, they come to play as a secondary diagnostic sign, as I have shown, in some cases they ~~are~~ not found. It was thought that in the part where the aura arose there was the exciting cause of the disease, but have this ever been proved?

Causation

The cause of Epilepsy remains obscure, in spite of all investigations very little has been learned; there are many exciting causes, anything that empoverish the system, anything that excites the nervous system, anything that makes a strong impression upon the brain. Among these causes are fright, the state of convalescence from some

diseases, drunkenness, intestinal worms, uterine lesions, masturbation, tumors in the brain or any bony growth pressing on this organ, syphilis, excessive use of the venereals, the sight of a fit &c. — I think that there must be a constitutional tendency in those subjects to the attack, there must be a peculiar nervous temperament with a tendency to this disease; as we see how many persons are frightened, how many we see in the most miserable state of constitution, how many unhappily we see slaves of the intoxicating drugs carrying a life of dissipation hastening the time of life that nature has given to them, they may reach the end of their miserable life without been subjects to Epilepsy, and so we may say of the others.

There are cases in which no exciting cause can

be traced; and hence rises the suspicion of inheritance, but to the astonishment of the examiner no trace of the disease were ever found in the patient's ancestors and the investigator have to confess his ignorance. In these cases it is very proper to suspect some poison in the blood acting as a concealed enemy. Some times it is stated that the sufferer have inherited the disease, and this is noticed from the very beginning of his life hence the convulsions that are seen in children are considered as an announcement of the attack that in later time presents itself.

Prognosis.

When the exciting cause of Epilepsy can not be ascertained or if it be beyond the reach of our thera

pernicious agents, the prognosis is unfavorable, as no ~~cures~~ can be obtained; especially in Central Epilepsy when the causative agent is situated within the precious case, our professor of Practice of Medicine once expressed himself thus "I have not seen yet a case of central Epilepsy where a cure have been obtained." Due to the little attention that ~~have~~ been paid to this disease in times past there are very few cases reported cured and in many of them the cure may have been temporary, the physician reporting the patient cured when a mere suspension of the attack had been ~~affected~~, the disease appearing again to the astonishment of the patient who believed himself free of his terrific enemy, like the cat that amuses himself playing with his living prey leaving her free for a moment when

she tries to escape, but alas! she suffers after a while the claws and the sharp teeth of her voracious enemy. The subject of Epilepsy may place himself under the empiric treatment of a practitioner who after a long trial may find the miraculous drug that will stop the attacks entirely, he may think this a great triumph having found a cure for the disease, and he hastens to report the case, hence the advocates of the different drugs for the cure of Central Epilepsy, but after some time the patient becomes again subject to fits perhaps of severer form, the physician exhibits his antidote again with no effect whatever, the disease taking the supremacy over her victim and very soon acquitting the Dr. of his inability to resist her. There seems to be a periodicity sometimes in the occurrence of the fit, this takes place

some times at night only, with more or less regularity, but when the disease begins to acquire a graver aspect then that order does not exist any longer, day or night at any time the attack may come on. As the fits increase in number the patient begins to be deprived of the greatest gift of nature, the power of thinking (this is especially the case in congenital Epilepsy) which distinguish man from beast...
..... as the disease repeats with more frequency her attacks the patient begins to be dull in intellect and loses the memory of the past; the natural imbecility of the patient makes him to feel aversion for those employments that require the exercise of the mental faculties. If the cause can be traced, if it is peripheral Epilepsy very naturally the prognosis is more or less favorable.

This disease has a terrific influence on

the patient and his relatives, this we must bear in mind to be cautious about letting the patient know that he is an Epileptic as this has a depressing influence on him; if the mental influence has anything to do in the treatment of disease, it is in this group of diseases (those of the nervous system) precisely where this therapeutical agent comes more strongly in to play. Again, the prognosis depends to a certain extent upon the diagnosis, we see in the daily effort of the physician to destroy human complaint how important it is to make a good diagnosis for the future success in the treatment of the disease; collecting the symptoms that the patient can afford to give and those that the medical man selects through his skill accompanying with his discrimination in the differential diagnosis, and

the knowledge that he can gain by chemical researches and post mortem examinations he proceeds to the treatment of disease, more especially in those maladies that presents some times such rare symptoms, is where he must exercise his judgement, his skill in discovering every thing that can hide the disease from sight, we must confess however that in some cases there is such a complications that we have to stand not on a very sure ground, and even ~~now~~ times prescribe an empiric treatment, as there are some cases in which we can not find any cause to account for the disease, or where the lesion is seated in a place beyond human eye; there is the laryngoscope that enables us to look where without its aid we should be blind, the Ophthalmoscope, the different sorts of speculi; instruments made to show parts that the

naked eye by it self could not see, but there is no instrument yet discovered to look in the cranium, covered by imprenacable ~~bone~~ walls the exciting cause of Epilepsy may hide itself as we see in the case of D^r ~~Wright~~^{aff} that I describe hereafter.

If the future success in the treatment of the disease in question depends to a great extent on the carefulness of the diagnosis, it is very important to employ great care in making it, the importance of this I can illustrate. I the writer was subject to sudden and violent contractions of the left pectoral muscle, some times to that of the right, and others to sudden shaking of the trunk followed by the sensation of the "aura epileptica", irregular palpitations of the heart and a sense of irritable temper, my digestion was not good, the attack came on an hour or

two after a full meal. I went to consult a young but well posted physician connected with the University of Penn. who after making a hasty diagnosis placed me under a treatment that did not prove successful when I thought about consulting our professor of Practice of Medicine, Dr. H. Stollé, who after a careful investigation accompanied by his sound judgement immediately found the lesion to be in the stomach, the attack came on an hour or two after a meal, . . . my digestion was not good, . . . here the two points that our professor remarked at once, and so directing his treatment, so properly that now thanks to him I feel myself free from my little suffering.

I have considered the prognosis of Central Epilepsy as unfavorable, I can not consider it otherwise there been no means to destroy

the disease entirely, but from this do not follow that I consider the prognosis fatal as all authors agree in saying that there is no eminent danger from the attack itself; the mental faculties may be impaired as I have shown but the patient may enjoy a good health otherwise, and every more we may diminish the frequency of the fits.

Treatment

The treatment of Epilepsy may be divided in to that during the paroxysm and that during the intervals. The treatment during the paroxysms may be called protective as the only thing we can do is either to prevent it some times ~~or~~ to protect the patient from the damages resulting from the attack. Between the varieties of Epilepsy we find that in some cases

The fit may be prevented, authors relating this phenomenon do not explain it, and indeed it seems difficult to do so. If there is something beyond our intelligence, if there is a fact that we are not able to account for, something that we can not comprehend then we say "it is a mystery" and in this way we find a cause for our ignorance, Dr. Watson relates a case of a boy who tied a cord around his thumb preventing in this way the threatening paroxysm, and there other cases that I made allusion to, of extreme vivacity in a girl, and of dullness in a young man, it happened that if she would be calmed the attack was prevented in him too. The inhalation of chloroform have been tried, tracheotomy and compression of the carotids have been practised, even blood letting. I do not know whether if these operations have been practised as a protective treatment or as curative, I can not

cousine but that operations as tracheotomy and compression of the carotids were performed as protective, the danger of suffocation or apoplexy been eminent during the paroxysm, still this point seems to me of great interest. It is understood I speak of tracheotomy, the dangers deriving from this operation should be born in mind, and the judgment of the practitioner comes to play in such cases like these. In my humble opinion I do not see great danger from suffocation unless the duration of the paroxysm should be very long, from the compression of the carotids I do not see any benefit as the determination of the blood to the head is caused by the lesions, and therefore this is a symptom and not a cause there for I do not see great benefit to be derived from this practice. The inhalation of chloroform may be of more benefit, in regard to bleeding in cases

of plethora may be beneficial especially as a
 curative treatment, that is in cases where we
 suspect plethora as the only cause to account
 for the fits. As the attack comes on during the
 night some times it is well to have a bed with
 raised heads, and if we will be very careful about
 our patient, still better I should suggest a net
 made as a common fishing net fastened on the sides
 of the bed so as that he could struggle without hurting
 himself, it is as well to have another person to
 sleep in the same room as he may cocoon himself
 between the sheets and pillows, and that he may
 not use any dress tight at the neck. All such
 measures that our natural sense suggests to us should
 be present in the treatment of our unhappy suffer-
 er. As the congestion of the brain is more or less
 marked in every attack it seems necessary to notice
 the recommendation of loosening any constriction in the

neck so as to favor the return of blood from the head, hence the suggestion of pressure on the carotids it is not without a reason recommended and even the tying of these vessels have been resorted to, what I think of no use, I think that this was done only on account of ignorance as it was thought perhaps that the symptoms were due to the over supply of blood to the brain, and not as it seems more proper that this over supply was a symptom and not a cause.

The treatment during the interval may be curative or palliative, and it is in peripheral Epilepsy that a cure can be effected generally. When Epilepsy is a symptom, when through the skill of the practitioner a good diagnosis can be made and the real cause of the disease can be removed then a cure is effected, hence the carefulness we must observe in the

treatment of the malady so that it would not happen to him like ^{to} that physician that without being very careful, perhaps, about his diagnosis in a case of Epilepsy and without finding any cause to account for the fits began his empiric treatment by cleaning his patient's alimentary track and to the best luck of the sufferer the Dr. happened to prescribe a powerful cathartic, that of Gum Theriacinale, which caused the expulsion of a *Tenia solium*, the exciting cause removed the patient got well.

If we suspect syphilis, then our treatment should be as that prescribed for primary, secondary or tertiary syphilis as the case may be, if we suspect the presence of a foreign body any where we must remove it, anything that we could account for a cause we must endeavor to remove, although we must not remo-

we indiscriminately as it used to be done in older times when not finding perhaps anything to account for the disease the patient was subjected to castration. The serious operation of trephining may be performed if we suspect the presence of a spicula of bone pressing on the brain after a fracture, or a bony growth.

Let us notice the many remedies that are recommended for the cure of Epilepsy, those which we look for when we suspect the patient to ~~the~~ empiric treatment; the efficacy of some of them are based on the success of the practitioner who recommend them or having casually been found beneficial in some cases, hence we see recommended a section on the upper and posterior part of the neck, having noticed that a boy subject to the malady happened to fall and injured himself on the head, the wound

remaining opened and suppurating for a long time during which the boy was entirely free from the attack, but it exhibited itself again after the closure of the wound. Some recommend the use of mercury, others advocate that of nitrate of silver, this last named remedy as Dr. Watson says has been used without any effect whatever, the patient remaining after a long treatment with the traces of a system impregnated with silver as noticed by the discoloration of the skin the patient remaining dark colored and still epileptic, and in this cases doing rather harm than good; we may again, subject our patient to the annoyance of ptyalism finding after a long course of salivation that our patient did not improve by our treatment.

It seems well to stop for a moment to consider the use of the bromide of potassium as it

is praised by many competent authorities, among
 them our professor of Practice, but it is not
 in every case of Epilepsy that this drug proves be-
 neficial, it is only in those cases of central Epilep-
sy when we can not remove the cause of the malady,
 then by the appropriated use of the medicine we can
 succeed in diminishing the severity ~~and~~ frequency
 of the paroxysm, or even stop them for some
 time, but as far as the exciting cause is not destr-
 oyed the phenomenon have to take place, it may
 as I have said remain dormant, as it were, for
 a time, but afterward presents itself again with
 more severity perhaps. Dr. Wood tells us of Sir
 Charles Lockhart having first drawn the
 attention of the profession to the use of the re-
 medy for the treatment of Epilepsy, Brown Se-
 guard seems to have been successful with the
 drug in cases where a strong dose was adminis-

tered, and as Dr. Wood says even in cases of intra
 cranial lesions if it can not effect a cure at
 least it causes a diminution in the frequency of
 the attacks through its sedative influence on
 the brain. So many drugs have been advocated
 as curative that one of our contemporaneous writers
 (Dr. Hunt Dr) expresses himself thus "It would"
 "require many pages simply to enumerate the medi-"
 "cines, the curative efficacy of which, in certain ca-"
 "ses has been attested by honest and competent"
 "observers. The list is so extensive, the testimony with"
 "respect to particular remedies is so conflicting, and"
 "the instances of incurable Epilepsy are so numerous,"
 "that practitioners are apt to enter upon the treat-"
 "ment of a case without much expectation of success."
 These words of Dr. Hunt shows us how the practi-
 tioner ignorant of the pathology of some cases of
 Central Epilepsy (I presume) have been wandering—

about turning every page of the Materia Medica until the end was found experimenting with every drug accompanying with more or less success, and it is well to experiment now with this, then with that and if carefully done, perhaps the remedy useful to the case may be found.

There is a therapeutical agent, that I have not mentioned, that's very important ~~which~~ acts through the nervous system, - Mental influence, - and it is in diseases connected with derangement of the brain that it is more efficacious, the greatest proof that mental influence acts very powerfully in this complaint is that it is ~~that~~ as I have mentioned the sight of our attack may cause to develop another in a person or animal that never was subject to it before. So that in order to fulfil our object we may deceive our patient saying that he is not a subject to the disease, as the

deed that every body has of been an Epileptic is great, and by assuring him that it is very probable that he may be cured. The success of the so called Homeopathic practitioner, in my poor opinion is based (if they are who succeed, ... and not nature) upon the influence on the ignorant, the belief that they have of been cure comes greatly to play in such cases, accompanying not by the help of their drugs but by the work of nature.

Morbid Anatomy

What is the

morbid anatomy of Epilepsy? is there any lesion always found in the cases where post mortem examination have been made? has this lesion always been found to be the same? what is the change in the brain caused by the malady? what is the nature of this organ in Epilepsy? It is under

too these questions are referred to cases of central Epilepsy as in peripheral it is very natural that we should find the traces of the disease of which Epilepsy was a symptom. There has been no satisfactory explanation given yet in regard to the point in question and hence the ~~darkness~~ darkness in which the subject of the disease remains. It is true that of late years ~~a~~ good deal of light have been thrown upon the subject, as a consequence of the researches that have been made on the nervous system; we know that the part affected is the medulla oblongata, or at least we are told so, but what is the alteration of this organ? some say that it is induration, others that it is softening, but a fixed point in this regard is wanted. Let us see the changes found after death in the case of which I have made allusion many times, founded in "The American Jour-

nal of the Medical Sciences" for May 1828, in an Essay on the subject by Dr. J. H. Wright of Baltimore. — "A young man aged about twenty years, who had been from childhood an inmate of the Baltimore Almshouse, was subject as far back as history could be traced, to epileptic seizures. The paroxysm ~~was~~ of the convulsive kind, irregular in the time of attack, occurring at intervals of only a few days, and sometimes more than once a day; paroxysms generally of short duration.

The subject of this case was a German descent, and though raised from boyhood in the Baltimore Almshouse, where the English idiom was used exclusively, he could neither speak nor comprehend that language. This person was of middle size, robust and strong; his general health good, and "appetite voracious, his manners indolent and

reserved; great apparent torpor of mind; countenance vacant, and of somewhat idiotic expression.

The epileptic paroxysm came on at any period of the day or night without order, and independent of any evident exciting causes; often seizing the patient when eating his meals, and it was remarked that when thus attacked, the moment the paroxysm ceased he would rise and return with increased voracity of appetite, to the repast which had been interrupted by the fit. The paroxysms at first were followed by some degree of coma or stupor usually attended on epileptic seizure, but it was afterwards discovered that the paroxysms could be abruptly terminated and coma or stupor prevented, by raising and supporting the patient and exciting him by loud speaking, together with smart shaking or agitation of his body.

" About the first of August 1827 the patient
 was attacked by paroxysms of more than usual
 force, and the fits were repeated at short
 intervals, through the day and night, attended
 by an state of oppression or continued stupor not
 common after former attacks. From these circum-
 stances it became necessary to pay more attention
 to this case than had ^{been} usually required. The
 convulsions were long and more violent than at
 any time before, and the symptoms during the
 paroxysms indicate a high degree of congestive
~~cerebral~~ cerebral embarrassment. The arterial reaction
 in the intervals of convulsions amounted to
 a considerable degree of febrile excitement; blood
 was debracted from the arm, until the
 febrile action was a good deal subdued, and ca-
 thartics exhibited to remove all causes of gastric
 irritation. These measures produced no suspension

of the paroxysms, nor any mitigation of their force, and it now became evident that serious mischief was threatened, either from the degree and continuance of cerebral congestion, or from inflammation and effusion. The general excitement not perfectly and explicit even at first had now sunk considerably the pulse was frequent, but soft and small, indicating a tendency to the state of collapse and exhaustion; under those circumstances it was thought proper to bleed locally from the temporal artery, which was accordingly opened, and six or eight ounces of blood thus drawn. The warm bath was directed to be followed by enemata of tepid water containing a solution of assa fetida and tinc. opii and an epispastic over the cervical spine. The directions could be but partially performed. The convulsive movements increased so as to become nearly incessant, though less forcible, and the patient

" expired about thirty six hours from the commencement of the attack, as described in the preceding sketch of the case. The head was examined some hours after death: when the cranium was removed, the dura mater presented an appearance of great vascular congestion; the meningeal arteries throughout all their branches were distended as if by the most successful injection; on raising this membrane the surface of the cerebrum displayed a general, and very remarkable engorgement of all the superficial vessels of the pia mater, exhibiting over both hemispheres the appearance of web or dense net-work of vessels filled to their utmost capacity; the veins winding in the sulci between the convolutions of the brain distended with very black blood, while the intermediate spaces were overspread by arterial branches very florid from great injection. The substance of the brain generally presented nothing unusual, except a highly vascular

lar character; the ventricles contained no, (or very little) fluid. While removing the brain by successive, horizontal sections, a cell or cavity was discovered on the right side. The cell or cavity existing at this place was large enough to have contained one or two drachms of fluid, but was empty when discovered; or rather contained only a small quantity of yellowish mucous matter with which its interior surface was coated and stained; the medullary substance immediately around the cell, together with its dura mater covering (the pia mater in front of the cell were destroyed by ulceration) were also tinged with the same greenish yellow hue. This cavity or cell, seemed to have existed a long time, the result apparently, of degeneration of the brain at that point, occurring at some remote period. The direct cause leading to the formation of the cell or cavity in question seemed susceptible of, "easy explanation, from a peculiarity in the interior

surface of the cavity. ~~At~~ this place a spine or tubercle of bone, projected from the middle convex point of the right prefrontal orbital plate, in such a manner and to such extent as to have been evidently a source of constant irritation to that portion of the surface of the anterior lobe of the brain lying upon and in contact with it. This spinous projection was pointed at its extremity, and seemed well fitted to produce the kind of lesion which existed in the contiguous portion of the brain; probably irritation of the brain from this cause, was coeval with the life of the subject involving the liability to the morbid train which marked every period of his existence. "The patient was idiotic from infancy." We notice in this case that no remedy could have cured the disease unless the bony growth had been removed; the irritant agent remaining concealed like a

thief robbing the poor man of his days of existence.

It seems natural to attribute to irritation the phenomenon of Epilepsy as we see always an agent whether mechanical or otherwise acting as the only accountable cause, but there are cases in which there is a foreign body acting as an irritant upon a nerve without producing Epilepsy, but developing neuralgia or other phenomenon, there must be, as I have said somewhere else, a constitutional tendency to the disease, but what is the lesion in the nervous system predisposing to Epilepsy? this is a mooted point, this is a mystery and it is not astonishing that in older time this disease was thought to be the demon inclosed in the sufferer's body, it was a superstitious disease.

We may see that in the mentioned case the post mortem examination do not throw great light upon the subject, the spicula accounts

for the fits, for the imbecility, for the cerebral
congestion &c; but it does not say anything
about the medulla oblongata, it does not express
the change in the brain besides the abscess for-
med by the spicula of bone.

I presume that the results of the post
mortem examinations in cases of Epilepsy are ve-
ry much the same as the one just mentioned.
The state of the brain predisposing to Epilep-
sy remains to be mentioned, there must be a
germ as it were, the germ of the disease wait-
ing a cause to develop itself, this we have
to admit, as I have mentioned when as one of
the triumphs of Medical science this subject
will be brought to light, perhaps in a
short space of time, constancy and work
will conquer it.

The subject of the nervous system and its derange-

ments has attracted the attention of modern experimenters, therefore our hope will not be disappointed, work has its recompence, . . . work will make us understand the hieroglyphs of the book of nature.